Ø 001

| - (   | OIPE and this form togeth   |   |   | Mail Stop ISSUE<br>Commissioner fo<br>CO. Box 1450   | r Patent  |   |   |
|---|---|---|---|--|---|---|---|
| 15  | EB 1 1 2008   |   | or <u>Fax</u> (   | Mexandria, Virg<br>571)-273-2885   |   |   |   |
| INSTRUCTIONS: This appropriate. All further indicated unless corrected maintenance fee notifical  | form should be vised for respondent including airceted other  | or transmitting the ISSU<br>g the Palent, advance or<br>erwise in Block 1, by (a  | JE FEE and PUBLIC, ders and notification ( ) specifying a new co  | ATION FEE (if requirements for the state of  | ircd). Blo<br>vill be ma<br>; and/or (t                           | cks 1 through 5 shilled to the current o) indicating a separate   | ould be completed whe<br>correspondence address<br>rate "FEE ADDRESS" f   |
|   | ENCE ADDRESS (Note: Use Blo   | nck I for any change of uddress)  | i<br>T  | cc(s) Transmittal. Th  | is certifica<br>il paper, si                                      | te cannot be used for<br>sich as an assignmen   | domestic mailings of the any other accompanying or formal drawing, mu   |
| 34704 BACHMAN & 900 CHAPEL S' SUITE 1201  | 7590 12/03/<br>LAPOINTE, P.C<br>TREET   |   | )<br>9<br>1   | Center that the control of the contr | tificate of<br>his Fee(s)<br>with sulfic<br>I Stop IS<br>TO (571) | Malling or Transn<br>Fransmittal is being<br>ient postage for firs<br>SUE FEE address<br>273-2885, on the da      | nission deposited with the Unite t class mall in an envelop above, or being facsimu te indicated below.                             |
| NEW HAVEN,  | CT 06510  |   |   | Rachel/Pisci   | tellî   |   | (Depositor's name   |
| 11/2008 FMETEKI2 0  | 0000125 020184- 1   | 0803519   | 2   | colony   | MOL   | Motors  | (Signatur   |
|   | .00 DA  |   | · [   | February 11,   | 2008  |   | (Dat  |
| C ADDICATION NO.00  | 00 DA PILING DATE   | l   | FIRST NAMED INVENT  | OR   | ATTORN  | EY DOCKET NO.   | CONFIRMATION NO.  |
| 10/803,519<br>ITTLE OF INVENTION  | 03/17/2004<br>I: SELECTIVE SULFUR   |   | M. M. Ramirez-Corred DROCARBON STRE   |  |   | 01-692  | 5389  |
| APPLN. TYPE   | SMALL ENTITY  | ISSUE FEE DUE   | PUBLICATION FEE D   | E PREV. PAID ISSU  | E FEE   | TOTAL FEE(S) DUE  | DATE DUE  |
| nonprovisional  | NO  | \$1440  | \$300   | \$0  |   | \$1740  | 03/03/2008  |
| . EXAM  | INER  | ART UNIT  | CLASS-SUBCLASS  | <u> </u>   |   |   |   |
| JOHNSON, EDWARD M 1793  |   |   | 502-400000  |  |   |   | ·   |
| 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. |   |   | 2. For printing on the patent front puge, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered patent attorneys or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. |  |   |   |   |
|   | ND RESIDENCE DATA   | TO BE PRINTED ON  | <u> </u>  |  |   |   |   |
| PLEASE NOTE: Un<br>recordation as set for<br>(A) NAME OF ASSI   | less an assignee is ident<br>th in 37 CFR 3.11. Comp<br>GNEE  | ified below, no assignee  | data will appear on th<br>T a substitute for filing<br>(B) RESIDENCE: (C  | e patent. If an assign<br>an assignment.<br>TTY and STATE OR   |   | •   | ocument has been filed  |
| Intevep,  | S.A.  |   | Caracas,  | Venezuela  |   |   |   |
|   | riste assignee category or  |   |   |  |   |   | · · · · · · · · · · · · · · · · · · ·   |
| 4a. The following fee(s)  XXIssue Fee  XXPublication Fee (I  XXAdvance Order  | No small entity discount p  | b. Payment of Fec(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number |   |  |   |   |   |
|   | itus (from status indicate  |   |   |  |   | ,   |   |
|   | ns SMALL ENTITY state<br>and Publication Fee (if recovered to the United State  |   | b. Applicant is no  |  |   |   |   |
| Authorized Signature  |   | res Larcuit and Tradomati   | Cornec.   |  |   | 11, 2008  |   |
|   | c Gregory P.  |   | Registration No. 28,395   |  |   |   |   |
| This collection of inform<br>an application. Confident<br>submitting the complete<br>this form and/or suggest<br>Box 1450, Alexandria, \  | nation is required by 37 Caliality is governed by 35 d application form to the ions for reducing this but Virginia 22313-1450. DC 313-1450. | FR 1.311. The informatic<br>U.S.C. 122 and 37 CFR<br>USPTO. Time will vary<br>rden, should be sent to the<br>NOT SEND FEES OR   | on is required to obtain 1.14. This collection is depending upon the is c Chief Information Of COMPLETED FORM:  | or retain a benefit by<br>estimated to take 12<br>klividual case. Any c<br>ficer, U.S. Patent and<br>TO THIS ADDRES  | the public<br>minutes to<br>omments o<br>Trademai<br>S. SÉND      | which is to file (and<br>complete, including<br>on the amount of tink<br>to Office, U.S. Depa<br>TO: Commissioner | by the USPTO to proce<br>g gathering, preparing, a<br>ne you require to compl<br>artment of Commerce, P<br>for Parents, P.O. Box 14 |

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.